Nevada State Board of NURSING VEWS



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Debra Scott, MSN, RN, FRE Executive Director

Roseann Colosimo,PhD, MSN, RN Education Consultant, Editor 888-590-6726

nursingboard@nsbn.state.nv.us

The **Nevada State Board of Nursing News** publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

Circulation includes more than 35,000 nurses, nursing assistants and student nurses.

CONTACT

NEVADA STATE BOARD OF NURSING 5011 Meadowood Mall Way, Suite 300 Reno, NV 89502-6547 phone—888-590-6726 fax—775-687-7707 nursingboard@nsbn.state.nv.us

2500 W. Sahara Ave., Suite 207 Las Vegas, NV 89102-4392 phone—888-590-6726 fax—702-486-5803 nursingboard@nsbn.state.nv.us

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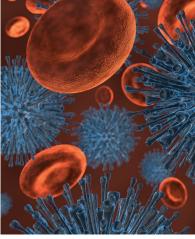
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contents

Executive Director's Message	xecutive	Director's	Message	4
-------------------------------------	----------	-------------------	---------	---

President's Message 5

The 90 Year Anniversary Celebration Begins 6

Simulation Offered 8

Board Talk 9

Amniotomy Practice Decision 10

The Essence of Teaching Nursing 13

Medication Aide Certified is Reality 14

NCLEX Pass Rates 16

New Procedure for Nursing Personnel Lists 17

Directory 19

MEET THE STAFF 2

Nevada State College: RN to BSN Track 22 at a Glance



MESSAGE

FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

A family member just recently spent a few days in one of our local medical centers, for a joyous reason, not due to a serious illness. I spent a lot of time with her during her time in the hospital. I was struck by the many times and large amount of time that she was cared for by many health care providers during her stay. I was reminded of the huge impact we have on our patients as health care providers just because of the numerous interactions that we have with them as they receive care. I was also struck by the numerous demands that we are faced with as we care for our patients—the ever present cell phone which makes us available to all involved with a patient's care, including the patient herself, the patient communication (the "call light" of the past) device that allows us to be at a patient's or a patient's family member's beck and call. We are responsible for the patient's every need and comfort, whether it be nutrition, addressing pain and discomfort, assessing progress or the need for further intervention, ongoing planning and actual hands-on care. A 12-hour shift of meeting others' needs can be exhausting.

When my staff and I give presentations about nursing regulation in our state, our constant mantra is that nursing is "about the patient first". When we nurse, we bring all that we are to the patient-nurse relationship and yet we must be careful to only share the best of ourselves in caring for our patients. Pouring out the best that we have must be counterbalanced with refilling the vessel from which we pour. Part of the refilling comes from those around us every day.

Just recently, I heard a colleague present on bullying in the workplace. She described what forms bullying may take, how to recognize the behaviors in others as well as ourselves, and how we must intervene. Observing bullying condones the behavior. Each of us has the responsibility to confront these destructive actions. Power struggles, personality clashes, cliques, and just plain being mean must never be a part of our practice. Her overriding message was, "Be Kind to One Another".

The care we give is based in what we bring to the relationships we have with our patients. We must personally bring the best of ourselves to the relationship. My family member received excellent care from kind, generous, knowledgeable, and caring nurses, CNAs, and others who provided services. I am thankful for your good work. Support each other in ensuring that all patients receive excellent care.

Thank you,

Telra Scale



WORDS

FROM THE PRESIDENT

Tish Smyer, DNSc, RN, NSBN President

It is fitting that a lamp graces the cover of this issue of Nevada State Board of Nursing Nursing News. The lamp is associated with Florence Nightingale, who cared for the wounded during the Crimean War. She often checked the wards at night and became famous for being "the lady with the lamp." Florence Nightingale is considered the founder of modern nursing. She opened the first school of nursing based on scientific principles in London at St. Thomas' Hospital in 1860. What is sometimes forgotten is her intellectual capacity. She was a premier statistician and social reformer. Her book, Notes on Nursing: What It Is and What It Is Not, published in 1859, remains in publication to this day.

I believe Florence Nightingale would be pleased to see the advances in the profession of nursing. She demonstrated the art and science of nursing in her practice. As the largest group of health care providers in the U.S. health system, nurses can have a profound effect on quality and access to care. However, to be able to accomplish this, the nursing workforce must be highly educated. That means mobility in the educational ladder.

Those with an Associate Degree in Nursing must move to a Baccalaureate in Nursing. Those who wish to provide specialized care or acquire advanced knowledge may consider a Master's in Nursing. The newest degree, the Doctorate of Nursing Practice (DNP), provides an opportunity, working with PhD prepared nurse scientists, to address translational research. This closes the "bench to bed" lag time for research findings and interventions. DNPs will also take a leadership role in the analysis, delivery, and management of nursing care and health care systems. The Silver State needs to capitalize on the potential leadership and intellectual capacity of our very large group of talented professional nurses. Promoting educational mobility in a concerted effort by academic institutions, health care facilities, and professional organizations will strengthen health care for the citizens of Nevada. Often, with the competing demands nurses face every day with family and job, it is a tough decision to decide to go back to school. But in the long run it will be the best decision you can ever make for yourself and for the Silver State.



By Gail Trujillo, Executive Assistant

As you may already know, the year 2013 represents 90 years of nursing regulation in Nevada. In 1923 trained nurses organized to petition the Nevada State legislature to establish a State Board of Nurse Examiners. Assemblywoman Marguerite Gosse introduced the Nurse Practice Act of Nevada which became law on March 20, 1923. Nevada nurses and nursing organizations were instrumental in the passage of the nurse registration bill which increased the efficiency and the reputation of the nursing profession in Nevada. It is a fact that the regulation of nursing begins and ends with every nurse in this State which is why we want you all to join us in celebrating this milestone.

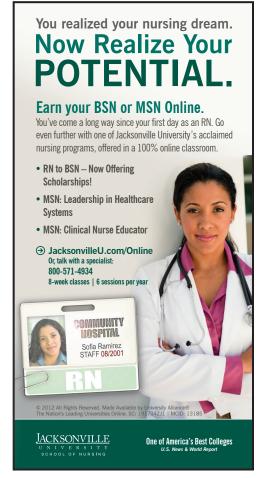
The Nevada State Board of Nursing will begin this celebration by creating a display that includes a custom Florence Nightingale lamp, a guestbook that welcomes every nurse's signature, story or note and a poster that will reflect on how far the nursing profession has come in the last 90 years. This display will travel to any hospital, nursing program or nursing facility that wishes to join us in celebrating 90 years of nursing regulation. All facilities that host our travelling display will be entered in a drawing to win one of our custom Florence Nightingale lamps at the end of its journey.

In addition to the travelling display, the Nevada State Board of Nursing will also host two open house gatherings at the end of the year to allow past Board members, executive directors, all Nevada nurses and the public to mingle in celebration of the nursing profession and the regulation of nursing. The open house in southern Nevada will be held on Friday, September 20, 2013 at the Tuscany Suites and Casino, located at 255 East Flamingo Road, Las Vegas, Nevada. The open house in northern Nevada will be held on Friday, November 8, 2013 at the Tamarack Junction located at 13101 S. Virginia St. Reno, Nevada. These gatherings will begin at 10:00 a.m., refreshments will be provided and all attendees are required to RSVP at least one month in advance. If you would like to attend one or both of these events or host Nevada State Board of Nursing's travelling display please send an email to gtrujillo@nsbn.state.nv.us.









SIMULATION OFFERED

Simulation Offered by Nursing Faculty to Increase Police Officers' Empathy with the Mentally III

By Amy J. Chaffin, PhD, RN, CNS-BC

A community partnership between Nevada State College School of Nursing, Henderson, and southern Nevada police departments was developed in March 2012 for the purpose of enhancing officers' encounters with mentally ill people. As of January 2013, over 200 officers have completed special training designed to increase empathy and add assessment questions and therapeutic communication skills to their interactions with psychotic individuals.

Officers attend a two hour presentation that includes a brief lecture on etiology and genetics of mental illness, symptoms of psychosis, and guidelines for safe interactions. The program includes a Hearing Voices Simulation that requires officers use headphones and listen to recorded voices

while attempting to do simple tasks. The experience is designed to mirror the confusion and frustration of a person that hears voices while trying to deal with the world around them.

The presentation by Dr. Amy J. Chaffin, PhD, RN, CNS-BC, begins with the brief lecture. Officers are then guided through a simulation that includes six stations with each station requiring a simple task.

Tasks include: 1) Complete name and address form; 2) make fish design using matchsticks; 3) count change and do a subtraction problem; 4) write words to familiar song; 5) read article and answer questions on what was read; and 6) leave room and count doors in hallway. Tasks would be easy were it not for the fact that officers listen to recorded voices at the same time. The voices whisper, go from one voice to many, argue with each other, get angry and yell at the person listening, call them names and curse at them.

The recorded voices are the exact ones heard by a woman diagnosed with Schizophrenia, Dr. Deegan (2006), who designed the simulation experience as a way to help health care providers and first responders know what it is like to hear voices.



Debriefing is conducted after the simulation and officers consistently express their irritation, frustration, and confusion when they tried to complete the simple tasks. The discussion leads to officers acknowledging the need for increased empathy and understanding when interacting with people that hear voices.

Las Vegas Metropolitan Police Department officers complete written evaluations immediately after the presentation. Their comments indicate a change in perspective with high marks for the Hearing Voices Simulation. Follow-up interviews are also conducted three months after the presentation to determine how useful the simulation was when officers returned to their work

setting in the community, on local streets, in jails, or on state highways. Interviews are done by Candice Desrosiers, BSN, RN, a graduate of Nevada State College, School of Nursing, and currently a staff nurse on the geropsychiatric unit at Southern Hills Hospital, Las Vegas. Comments made by officers in the post-simulation interviews show increased empathy, e.g., "I understand the symptoms to look for and can be more patient because they (the mentally ill) can't control what they're experiencing,"

Dr. Chaffin has been educating student nurses with this same program for a number of years. She has presented at professional nursing conferences on the value of this simulation and its ability to help nursing students communicate with patients experiencing psychosis.

REFERENCE

Deegan, P. (2006). Hearing voices curriculum. Retrieved from http://www.power2u.org/mm5/merchant.mvc?Screen=PROD&Store_Code=NEC&Product_Code=Curricula-HearingVoicesDistressing&Category_Code=hearingvoices 02/08/13 ajc

BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public' agendas are posted on the Board's website and at community sites.

BOARD MEETING DATES

April 17,2013 Reno/Las Vegas June 12,2013 Reno/Las Vegas

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for an appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for a committee application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via video-conference in Reno and Las Vegas.

Advanced Practice Advisory Committee

June 4,2013 April 2,2013

Certified Nursing Assistant/MA-C Advisory Committee (three)

April 25,2013 July 11,2013

Disability Advisory Committee(none)

April 19, 2013

Education Advisory Committee (none)

April 11,2013

August 22,2013

Nursing Practice Advisory Committee

April 2,2013

June 4,2013

August, 6, 2013

*One Home Health LPN, one Long Term Care RN, one MA-C

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

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Nurses: the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

MOVING?

Now you can change your address online!

The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.

AMNIOTOMY PRACTICE DECISION

Important Scope of Practice information

On January 9, 2013, the Nevada State Board of Nursing rescinded their Amniotomy Practice Decision which means that the Board is no longer taking a stance on whether or not amniotomy is within the scope of practice for an RN. The Board does not have a new Practice

Decision that finds that amniotomy IS NOT within the RN scope

of practice. Please refer to and utilize the Scope of Practice Decision Tree which is on our website to decide whether or not amniotomy is within your scope of practice. Of utmost importance is that the Board did not say that it IS NOT within the scope of practice for an RN to perform amniotomy; each nurse must follow the decision making process outlined in the Decision Making Tree.

The Board did not change regulation (or law); it rescinded a Practice Decision. Practice Decisions are used to give nurses guidance. In addition, as stated in NAC 632.935, a violation of a (practice decision) is cause for an informal hearing by the board to determine the <u>applicability of the statutes to the conduct at issue</u> ... and (may be) cause for a formal disciplinary hearing.

Rationale for the change: The NSBN's Nurse Practice Advisory Committee (NPAC) discussed the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Position Statement regarding Amniotomy and Placement of Internal Fetal Spiral Electrode through Intact Membranes. Based on the discussion, the committee unanimously decided to recommend the Board withdraw the 1984 practice decision which added amniotomy to the RN scope of practice. The committee members stated their rationale for rescinding the current practice decision is based on the AWHONN official position which is that, in most clinical situations, artificial rupture of membranes (amniotomy) should be primarily performed by qualified physicians, certified nurse-midwives, nurse practitioners, extended class registered nurses (Canada) or other health care providers qualified/licensed by state or provincial law or regulations. Perinatal nurses should not routinely, independently perform amniotomy, since complications such as prolapse of the umbilical cord that may necessitate emergency medical intervention may occur. (JOGNN, 38, 740; 2009. DOI: 10.111/j.1552-6909.2009.01076.x) The NSBN believes that it is prudent to support the official position statement of professional nursing associations based on the level of in-depth research that is provided as documentation of whom and in what setting amniotomy should be performed to ensure safe care for pregnant women and their babies.

If you have further questions, do not hesitate to call the Board office.

U.S. RNs Encouraged to Contribute to NATIONAL WORKFORCE RESEARCH

Chicago - The National Council of State Boards of Nursing (NCSBN) and the Forum of State Nursing Workforce Centers will conduct a national survey of registered nurses (RNs) beginning in January 2013.

All RNs in the U.S. with active RN licenses are eligible candidates for survey participation. A random sample of this population will be chosen to participate. Nurses who receive the survey are strongly encouraged to provide information such as basic demographic and professional data (e.g., age, year licensed, etc.) even if they are now employed in another profession or are retired. All responses will be kept confidential and data will only be reported in the aggregate.

The results of this survey are especially valuable in light of several factors. One is that no national source of current, complete and consistent information for nursing workforce data exists and this survey has the potential to fill that void. Also, the implementation of the Patient Protection and Affordable Care Act will insure more than 30 million U.S. residents who will seek health care in the years ahead. Additionally, the aging U.S. population means there will be an increased demand for nursing services in coming years. It is possible that the predicted shortfall of qualified nurses to care for this population will occur and will have a major impact on health care delivery in the future.

An adequate supply of RNs in the workforce is one of the essential components of a safe and effective health care system. Information from RNs selected to respond to this survey have a unique chance to contribute to this

invaluable study, the results of which can be used to predict possible shortages and assist in the allocation of resources, program development decisions, and recruitment efforts in both the health care system and education sectors.

About NCSBN

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 12 associate members. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

About Forum of State Nursing Workforce Centers

The Forum of State Nursing Workforce Centers is a national group of nurse workforce entities that focus on addressing the nursing shortage within each state and contributes to the national effort to assure an adequate supply of qualified nurses to meet the health needs of the US population. The Forum supports the advancement of new as well as existing nurse workforce initiatives and shares best practices in nursing workforce research, workforce planning, workforce development, and formulation of workforce policy. We share information in three major ways: through publications, via annual conferences, and by way of a virtual network located at http://NursingWorkforceCenters.org.

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TEACHINGNURSING

By Carrie O'Reilly, PhD, MSN, RN

There would be very little argument in calling nursing an "art" if you explain that what nurses actually do is "an art in the sense of being a skillful or aesthetic application of scientific principles" to the most important life events: birth, loss, separation, death (Chou, Tang, Teng, & Yen, 2003, p. 58). Nurses are there but they do not only care for, they are also present with and experiencing these events in others' lives. Any nurse with experience as a nurse will tell you that about a handful of patients whose care fundamentally impacted their own lives in some way. We all "know" about how being a nurse moves you, blesses you, frightens you ... changes you. For nursing educators the question is "How do I teach that?" How do we teach our students the essence of what it means to be a nurse? What is our responsibility in imparting this fundamental and vital aspect of the role of nurse?

or no graduate degree at all. They have no formal training in how to assess learning needs of nursing students, develop learning tools and activities to help students achieve program outcomes, evaluate student performance of those outcomes outside of an exam score, or to help marginal students develop remediation plans to address missing concepts or content. They are, in every sense, learning to teach nursing "on the job" from other nursing educators. This is not always a negative, but it eliminates an important aspect of nursing practice: accountability. For example, if we require nurses in clinical practice to be accountable for patient outcomes should we not also require nurses in educational practice to be accountable for student outcomes?

What nursing educators do in the classroom, skills lab, clinical setting, and offices matters, and it matters a whole lot. The day has come how, and ethical comportment" (para. 34). Nursing educators must become familiar with education theory and research and use the same evidence-based decision-making process in providing nursing instruction that we require of our students when providing nursing care to patients. Nursing educators must become more aware of the responsibility to prepare themselves for the rigors of meeting the academic needs of nursing students in the midst of some of the most dynamic health care delivery system changes seen in our lifetime. They must learn to create lifelong learners not just help students preparing themselves to pass a one-time licensure examination. Further, the deans and directors of schools of nursing must be prepared to support and assist new and veteran nursing educators in moving away from ineffective teacher-centered pedagogy and toward the active learning and learner-centered nursing education called

THE ART OF NURSING - skillful or aesthetic application of scientific principles

The Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2009) found that "U.S. nursing programs are not effective in teaching nursing science, natural sciences, social sciences, technology and the humanities" in part because "Material in these courses was typically delivered through standardized lectures" (para. 18). Benner et al. further suggest that "Support is needed for teachers to learn to scaffold their courses around patient care" (para. 34). This suggestion presupposes that nursing educators, simply, know how to do this.

Nursing educators often think of themselves as forwarding and dispensing knowledge; however, do they consider the ramifications of the need to know how to be great educators? Many nursing instructors have never officially trained as educators. They have a generic Master's degree in nursing

when a Powerpoint presentation and a canned lecture are, or soon should be, gone from the nursing school classroom. We are responsible for imparting not only the knowledge of nursing science but the art of application of that science. Art cannot be taught with a Powerpoint lecture. It requires preparation and hands on application. In short, active learning processes that engage the nursing student in self-discovery and exploration of the various aspects of nursing roles. Benner et al. (2009) suggest that "strategies include simulation exercises, the use of unfolding cases, narrative structures for making a case, and interviews of patients in class. Further, the authors recommend that regional and national resources be made available for developing effective and sophisticated clinical simulation exercises designed to help students integrate knowledge, skilled know-

for in the Carnegie Foundation report. Only in doing so can nursing education have "an impact on the profession's ability to uphold and transmit its core values: to provide astute clinical judgment, to keep patients safe, and to ameliorate human suffering" (Benner et al., 2009, para. 3).

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Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). Educating nurses: A call for radical transformation [Carnegie Foundation Report on Nursing Education: Executive Summary]. Retrieved from http://www.carnegiefoundation.org/elibrary/educating-nurses-highlights

Chou, S-M., Tang, F-I., Teng, Y-C., & Yen, M. (2003). Faculty's perceptions of humanistic teaching in nursing baccalaureate programs. Journal of Nursing Research, 11(1), 57-63.

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Medication Aide Certified is Reality

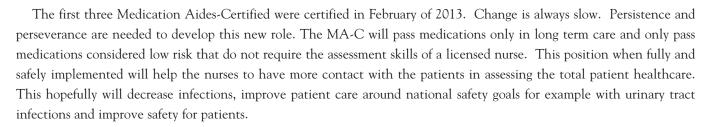


Mr Charles Perry giving grant to Kitty Davis and Becky Chandler for MA-C.

The Nevada Healthcare Association had supported initiatives for Medication Aide-Certified positions in Nevada for many years. In 2011 the Nevada Legislature agreed and directed the Nursing Board to develop regulations for administration of medications by Medication Aides-Certified. The regulations which govern the programs teaching the course, the facilities having the position and of course the MA-C went into effect February 15, 2012. There has been much collaborative work among agencies schools and facilities to develop a safe program. The candidates for the class must be a certified nursing assistant who has worked fulltime for 12 months in the past 24 months as a CNA under the supervision of a licensed nurse. The first class of 8 was taught at Purrfect Nursing in the fall of 2012.

After passing the 144 hour class the candidates must pass a written and skills examination administered by Diversified Technologies, a company who does testing for many other states with medication aide programs.

There has been much collaborative work among agencies, schools, and facilities to develop a safe program.



Much credit must be given to Mr. Charles Perry, Daniel Mathis, and Kitty Davis for their tireless work to make this happen. Julie Price and Abby Grossa at North Las Vegas Care Center and El Jen Rehabilitation Center have worked hard to develop policies and procedures in compliance with NSBN regulations.

The Perry Foundation has worked to develop funding for student tuition for this program. Medication Aide-Certified still has many hurdles on the way to being fully developed and implemented to improve safe patient care for some of Nevada's most vulnerable patients but it has a solid start.



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N E V A D A ' S NCLEX PASS RATES

have gone from 46th to 2nd in the nation

- Press Release - February 7, 2013

Nevada's nursing graduates reached an astounding 94.37 percent National Council Licensure Examination (NCLEX) pass rate for the year 2012 ranking second behind Oregon at 94.4 percent. In 2012, 871 of the 923 graduate students who sat for the NCLEX test successfully passed the examination the first time.

"Congratulations to the board members who held the line.

Congratulations to the nursing education leadership who set high standards and brought the performance to such an improved level," and "Congratulations to faculty who made it happen," says Roseann Colosimo, Education Consultant for the Nevada State Board of Nursing.

The Nevada State Board of Nursing would also like congratulate all of our nursing graduates, nursing programs, faculty members and Roseann Colosimo for helping Nevada rise to the top of this remarkable list.



PROCEDURE FOR NURSING PERSONNEL LISTS

Notifications that personnel lists will no longer be mailed out by US Mail. An email notification will be sent to you if we have your email address on file. You may download the nursing personnel list forms from the Forms section of our website.

For future reference, the due dates for personnel lists are as follows. Once the quarter has ended, you may submit your personnel list at any time. You do not need to receive notification from the Board before submitting your personnel list.

1st quarter 2013 April 26th 2nd quarter 2013 July 26th 3rd quarter 2013 October 25th

Please submit completed forms in an electronic format to the Board's general email address nursingboard@nsbn.state.nv.us. We only require one copy of your personnel list. Please do not send additional copies by fax or by mail.

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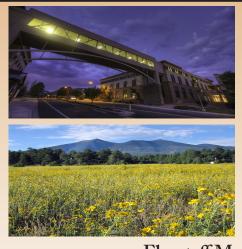
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5011 Meadowood Mall Way, Suite 300, Reno, NV 89502. 888-590-6726 nursingboard@nsbn.state.nv.us

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Executive Director

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Gail Trujillo, Executive Assistant Assistant to the Executive Director Scheduling

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Wendy Dostal, Management Assistant Assistant to General Counsel and Compliance Coordinator **Board Meeting Preparation** Disability Advisory Committee Scheduling

Nursys Data Entry

Cyndie Souza, Management Assistant Discipline Investigative Support Yes Answer and Fraudulent Application Processing **Endorsement Forms Board Meeting Preparation** Nursys Data Entry

Jeannette Calderon, *Management Assistant* Assistant to the Education Consultant **Education Advisory Committee Scheduling APN Audits**

Continuing Education Audits

PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502, 888-590-6726 2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102, 888-590-6726 nursingboard@nsbn.state.nv.us Investigations and Monitoring

Linda Aure, BSN, RN-BC, Senior Investigator Complaint Investigations

Nursing Practice Questions C. Ryan Mann, BSN, RN, Application Coordinator

Application Review Fraudulent Application Screening

Cindy Peterson, RN, CRRN, CLNC, CHCQM, Investigator

Complaint Investigations Nursing Practice Questions

Kathleen Reynolds, BHS, RN,

Compliance Coordinator

Disability Advisory Committee Chair Disability Advisory Committee Scheduling Probation and Alternative Program Monitoring **Reinstatement Applications**

Sherri Twedt, RN, CLNC, Investigator **Complaint Investigations Nursing Practice Questions**

Licensure/Certification

Sarah Bowen, Licensure Specialist Licensure Eligibility Questions **Endorsement and Examination Applications Continuing Education Providers** International Nurse Graduates and Licensure

RN/LPN CEU Audits

Patty Towler, Senior Certification Specialist **CNA Registry Maintenance CNA Certification and Renewals CNA Program and Instructor Approvals** Certification Audits (CNA, APN, CRNA) Support

Ariadna Ramos, Program Assistant **Endorsement Applications** Licensure Eligibility Questions Spanish-speaking Services for Consumers Program Support of Licensure and Certification

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Patricia "Tish" Smyer, DNSc, RN President. Term expires 10/31/2016



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Term expires 10/31/15



Sandra Halley Consumer Member Term expires 10/31/13



Jennifer Snidow, CNA Secretary Term expires 10/31/15

NCSBN Board of Directors (BOD) Voted to Raise the Passing Standard for the NCLEX-RN Examination at its Meeting on Dec. 17, 2012

Chicago - The National Council of State Boards of Nursing (NCSBN) voted on Dec. 17, 2012, to raise the passing standard for the NCLEX-RN Examination (the National Council Licensure Examination for Registered Nurses). The passing standard will be revised from the current -0.16 logits* to 0.00 logit beginning April 1, 2013, with the implementation of the 2013 NCLEX-RN Test Plan. The new passing standard will remain in effect through March 31, 2016.

After consideration of all available information, the NCSBN BOD determined that safe and effective entry-level registered nurse (RN) practice requires a greater level of knowledge, skills, and abilities than was required in 2009 when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The BOD used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 12 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN BOD evaluates the passing standard for the NCLEX-RN Examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the 2013 NCLEX-RN Test Plan is available free of charge from the NCSBN website.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia



and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 12 associate members. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Media inquiries may be directed to the contact listed below. Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or nclexinfo@ncsbn.org.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

*A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties

Media Contact: Dawn M. Kappel, Director, Marketing & Communications, 312.525.3667 direct, 312.279.1034 fax, dkappel@ncsbn.org



Wendy is responsible to support the compliance department by maintaining records, correspondence, reporting, scheduling and preparationfor the Disability Advisory Committee and Professional Evaluation Group meetings. Wendy is also responsible to support the legal department with document preparation, distribution, and correspondence.

Wendy began working for the Board in January 2012. Prior to the Nevada State Board of Nursing, Wendy worked in Gaming Manufacturing and held numerous administrative, customer service and compliance support jobs. When asked what she enjoys most about working for the Board, she said "I feel privileged to be a part of the team and look forward to assist you in any manner that I possibly can."

Wendy is a single mother of 4 and enjoys spending time at Lake Tahoe and participating in outdoor activities.



our website at

www.unmsrmc.org



RN to BSN Track at a Glance



Nevada State College offers flexible and affordable opportunities for nurses seeking the Bachelors of Science in Nursing (BSN) degree. All nursing courses and most core courses are available online. Small classes, along with dedicated faculty, allow for individual attention to promote student success.

Admission into the RN to BSN program

Admission takes place at any time during the year, and all students who meet the following eligibility requirements are admitted to the program:

- 1. Graduate of associate degree or diploma nursing program.
- 2. A current Registered Nurse license that must be maintained throughout the course of the program.
- 3. A cumulative GPA on all coursework of 2.5 or above and a nursing program-specific (i.e., program prerequisites) GPA of 3.0 or above.

Nevada State College is one of the most cost effective institutions for in-state residents. Out-of-state residents taking less than six credits each semester are afforded resident tuition rates. There are also special rates for residents in states that fall under the Western Undergraduate Exchange program.

Progression from the ADN to the BSN

For the bachelor's degree, there are additional core courses that students need to complete. Students can take general education (core) courses and nursing courses at the same time, and can transfer core courses from other regionally accredited institutions. Students build upon their associate degree nursing courses, adding courses in nursing research,



leadership, informatics, physical assessment, community health, culture, pathophysiology and pharmacology.

Nursing courses are sequenced to be completed in one year if all core courses are finished. However, most students are working and take one or two classes each semester. This is a self-paced program, and each student considers how coursework fits into his/her personal and work obligations. Students plan their schedules with nursing advisors in the Academic Advising Center. Academic services are also available to all NSC students at the Student Academic Center. For information about the program, call the Recruiting Office at 702-992-2170 or go online at www.nsc.edu.

Entry into Professional Practice

To meet the changing needs of patients, many organizations are supporting higher levels of education for their staff. The BSN opens opportunities for advancement into nursing leadership and management positions. BSN students may be eligible for membership in Sigma Theta Tau, the international nursing honorary. Clinical nurses acquire knowledge about the research process and evidence-based practice. Knowledge about community and public health opens up new opportunities for employment. The BSN is the entry-way to graduate degree programs that prepare advanced practitioners, nurse educators, and administrators.

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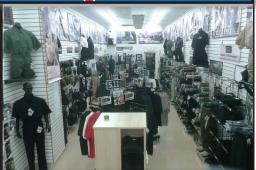


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